

**EXHIBIT C**


COUNTY OF LOS ANGELES

DEPARTMENT OF CORONER

**12****AUTOPSY REPORT**

No. 92-10906

SANCHEZ, SONIA

I performed an autopsy on the body of   
 at the DEPARTMENT OF CORONER

Los Angeles, California on NOVEMBER 30, 1992 @ 1050 HOURS  
 (Date) (Time)

From the anatomic findings and pertinent history I ascribe the death to:

(A) **STRANGULATION**

DUE TO OR AS A CONSEQUENCE OF

(B)

DUE TO OR AS A CONSEQUENCE OF

(C)

OTHER SIGNIFICANT CONDITIONS

*Anatomical Summary:*

**I. Multiple trauma:**

**1. Strangulation.**

**A. Blunt force trauma to neck.**

- i. Contusion and abrasion - right neck, left neck.
- ii. Hemorrhage, throat organs (strap muscles, investing fascia).

**B. Petechial hemorrhage - head, face, mouth.**

**C. Non-clotting blood.**

**2. Sodomy.**

**A. Circumstantial.**

**B. Dilatation of anal ring.**

**C. Anorectal mucosal hemorrhage.**

**D. Anal laceration.**

**3. Blunt force trauma of head/body.**

**A. Contusions and abrasion scalp, extremities.**

**4. Other trauma:**

**A. Vaginal laceration.**

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Page 2**II. Obesity.****CIRCUMSTANCES:**

This 24 year old Hispanic female was reportedly dumped on the beach in the early morning 11-29-92. The witness to the incident phoned the police who arrived with paramedics and found the decedent lifeless and was pronounced dead. The above information is taken from Coroner's form #3.

**EVIDENCE OF INJURY:****STRANGULATION:**

On the right side of the neck, there are 5 contusion abrasion marks which are red-brown. Three of these contusions are distributed along a slightly curved direction measuring 1 1/4 inch. Each of the contusions measure 3/8 inch. Extending lateral to these 3 contusions are 2 horizontal contusions measuring 1 1/4 inch to 1 1/2 inch. The contusions are suggestive of finger marks. On the left upper side of the neck, just below the mandible is a faint area of pale red contusion. Careful dissection of the neck organs reveals patchy areas of hemorrhage involving the strap muscles anteriorly on the right and left sides. There is area of hemorrhage in the investing fascia of the strap muscle on the left near the mandible. Hemorrhage extends to the fascia around the thyroid cartilage on both right and left sides. The hyoid is quite cartilaginous and flexible with no fracture present. The thyroid cartilage is also intact.

Extensive petechiae hemorrhages are present over the right and left periorbital areas. Many of these petechial hemorrhages are confluent. The conjunctival mucosa also show plenty of petechial hemorrhages. These hemorrhages are also noted on the sclerae. The scalp shows petechial hemorrhages. The buccal mucosa of the lower lip shows petechial hemorrhages.

Internally, absence of blood clot is noted in the thorax, abdomen and cranium.

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Page 3**SODOMY:**

The anal ring is slightly dilated. There is superficial irregular laceration of the orifice of the anus. The anorectal mucosa shows hemorrhage involving a distance of 2 1/2 inches from the squamo glandular junction. There is a distinct demarcation of the hemorrhagic area from the proximal parts of the rectum which shows normal mucosa.

**BLUNT FORCE TRAUMA TO HEAD AND BODY:**

On the left frontal part of the scalp, there is a small area of contusion. Hemorrhage extends into the underlying soft tissue of the scalp. On the central part of the occipital scalp, there is also area of contusion with underlying scalp hemorrhage. The skull is intact. There is no intracranial hemorrhage.

The right elbow shows small area of abrasion. The dorsum of the left hand contain several contusion abrasions near the wrist and also at the metacarpal phalangeal joint areas. On the anterior surface of both knees there are red-brown contusions.

**OTHER TRAUMA:**

There are superficial vaginal lacerations at the introitus posteriorly. The inner wall of the vagina is intact.

**EXTERNAL EXAMINATION:**

Note: The following observations are limited to findings other than the injuries or changes described above.

The body is that of an unembalmed, Hispanic female young adult, who appears the stated age of 24 years. The body is identified by toe tags. The body weighs 146 pounds and measures 61 inches and is mildly obese. There is no abnormal skin coloring or pigmentation. Tattoos are present as follows: On the right back near the shoulder is the word "Sonia"; on the left anterior chest is a name which is not clear; a tattoo mark is present on the dorsum of the left hand with the name "Mom" near the wrist, the initial "S" on the thumb and on the medial aspect of the 3rd

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finger the letters "UL" followed by the name "Sonia"; on the medial aspect of the left leg just above the ankle is the word "Love". Rigor has been altered by prior photography and transportation so also is livor. The head which is normocephalic is covered by brown hair. Examination of the eyes reveals pupils with brown irides and sclerae that are white. The oronasal passages are unobstructed. Upper and lower teeth are present. Resuscitative marks are not present over the precordium. There is no chest deformity. There is no increased anteroposterior diameter. There are striae marks on the abdomen. The abdomen is slightly obese. The genitalia are those of an adult female. There are no needle tracks on the extremities. There are no fresh venipunctures. Edema of the extremities is not present. Joint deformities are not present.

**CLOTHING:**

The clothing consists of only the following:

1. Black, half sleeve, blouse torn in the back. The label is "Unity". There is some sand on the clothing.
2. A white brassiere.

**INITIAL INCISION:**

The body cavities are entered through a Y-shaped incision. No foreign material is present in the mouth or upper airway and trachea. The findings of the neck are as described above. The right and left pleural cavities contain no fluid or adhesions. Rib fractures are not present. No pneumothorax is demonstrated. The parietal pleural are intact. The lungs are slightly heavy. Soft tissues of the thoracic and abdominal walls are well preserved. There is no recent evidence of injury to the chest and abdominal walls. The organs of the abdominal cavity have a normal arrangement. None is absent. There is no fluid collection. The peritoneal cavity is without evidence of peritonitis. There are no adhesions.

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Page 5SYSTEMIC AND ORGAN REVIEW**CARDIOVASCULAR SYSTEM:**

The aorta is elastic and of even caliber throughout with vessels distributed normally from it. The thoracic aorta has no atherosclerosis. There is no tortuosity or widening of the thoracic segment with loss of elasticity. The abdominal aorta has minimal atherosclerosis without ulceration or calcification. There is no dilatation of the lower abdominal segment. Within the pericardial sac, there is a minimal amount of serous fluid. The heart weighs 250 grams. It has a normal configuration. The chambers are normally developed. The valves are thin, leafy and competent. There is no endocardial discoloration. The chambers are without mural thrombosis. There is no scarring of the apices of the papillary musculature. There are no defects of the septum. The great vessels enter and leave in an normal fashion. The ductus arteriosus is widely patent. The coronary ostia is widely patent. There is a normal pattern of coronary distribution. There is no coronary atherosclerosis. There is no lesion of the myocardium.

**RESPIRATORY SYSTEM:**

There is no edema of the larynx. There are no fractures of the laryngeal cartilages. Slight secretions are found in the upper respiratory passages. The mucosa is intact and slightly injected. The right lung weighs 470 grams and the left lung weighs 440 grams. The lungs are subcrepitant and there is dependent congestion. The visceral pleurae are smooth and intact. The parenchyma is slight to moderately congested. There is no clotting of blood in the pulmonary vessels. The pulmonary vasculature is without thromboembolism.

**GASTROINTESTINAL SYSTEM:**

The esophagus is intact throughout. The stomach is not distended by gas. It contains moderate to large amount of partially digested gray-brown food particles. The mucosa is normal. No residual medication or capsular material is identified. The external and in-situ appearance of the small intestine and colon are unremarkable. The small intestine and colon are opened along

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the antimesenteric border and are unremarkable. The appendix is present. The pancreas occupies a normal position. There is no necrosis.

**HEPATOBIILIARY SYSTEM:**

The liver weighs 1800 grams. It is red-brown. The capsule is thin. The consistency is soft. The cut surface is smooth. There is a normal lobular arrangement. The liver is not remarkable. The gallbladder is present. The wall is thin and pliable. It contains no calculi and it contains bile. There is no obstruction or dilatation of the extrahepatic ducts. The periportal lymph nodes are not enlarged.

**URINARY SYSTEM:**

The right kidney weighs 140 grams and the left kidney weighs 140 grams. The kidneys are normally situated and the capsules strip easily revealing a surface that is smooth. The corticomedullary demarcation is preserved. The pyramids are not remarkable. The peripelvic fat is not increased. The ureters are without dilatation or obstruction. The urinary bladder is unremarkable.

**GENITAL SYSTEM:**

The uterus is symmetrical and the uterine cavity is not enlarged. The endometrium is velvety. The ovaries are unremarkable. The fallopian tubes are unremarkable.

**HEMOLYMPHATIC SYSTEM:**

The spleen weighs 120 grams. The capsule is intact. The parenchyma is dark brown. There is no increased follicular pattern. Lymph nodes throughout the body are small except in the neck where some congestion is noted. The bone is not remarkable. The bone marrow is not remarkable. The thyroid is unremarkable. The adrenals are unremarkable. Thy thymus is not identified. The pituitary gland is unremarkable.



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Page 7**CENTRAL NERVOUS SYSTEM:**

The scalp is intact. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There are no intracranial hematomas. There are no tears of the dura mater and no epidural, subdural, or subarachnoid hematoma. The brain weighs 1270 grams. The leptomeninges are thin and transparent. A normal convolutionary pattern is observed. Coronal sectioning demonstrates a uniformity of cortical gray thickness. The cerebral hemispheres are symmetrical. There is no softening, discoloration or hemorrhage of the white mater. The basal ganglia are intact. Anatomic landmarks are preserved. The ventricular system has a normal appearance without dilatation or distortion. Pons, medulla and cerebellum are unremarkable. There is no evidence of uncus or cerebellar herniation. Vessels at the base of the brain have a normal pattern of distribution. There are no aneurysms. The cerebral arteries are without atherosclerosis.

Spinal Cord: The spinal cord is not dissected.

**HISTOLOGIC SECTIONS:**

Representative specimens from various organs are preserved in 10% formaldehyde and placed in the storage jar. The entire neck organs and the anorectal with vulvovaginal organs are stored in separate jars.

**TOXICOLOGY:**

Blood, bile and urine have been submitted to the laboratory. H-screen is requested.

**PHOTOGRAPHS:**

Photographs have been taken prior to and during the course of the autopsy.



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## WITNESSES:

None present.

## OPINION:

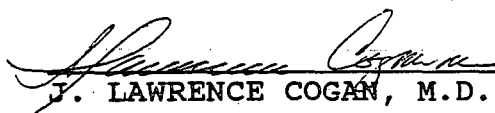
This 24 year old female died of asphyxia from manual strangulation. The mode of death is homicide.



OGBONNA CHINWAH, M.D.  
ASSOCIATE DEPUTY MEDICAL EXAMINER

12-14-92

DATE



J. LAWRENCE COGAN, M.D.  
SENIOR DEPUTY MEDICAL EXAMINER

12/16/92

DATE

AC:JLC:mr:c  
T-12-8-92

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☒ AUTOPSY CLASS: ☒ A. ☐ B. ☐ C. ☐ EXAMINATION (D).Date 11-30-92 Time 1050 Dr. CHINWAH/COGAN  
PRINT NAME☐ PENDING☒ FINAL ON 11-30-92APPROXIMATE  
INTERVAL  
BETWEEN  
ONSET  
AND  
DEATH

92-10906

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22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)  
IMMEDIATE CAUSE(A) Strangulation

DUE TO, OR AS A CONSEQUENCE OF

(B)

DUE TO, OR AS A CONSEQUENCE OF

(C)

Other conditions contributing but not related to the immediate cause of death:

☐ NATURAL ☐ ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ UNDETERMINEDIf other than natural causes  
HOW DID INJURY OCCUR?ManuallyWAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE? ☐ Yes ☒ No

TYPE SURGERY \_\_\_\_\_ DATE \_\_\_\_\_

☐ PERTINENT COMMENTS:☐ EVIDENCE RECOVERED AT AUTOPSY  
Item Description:

REQUEST

☐ Police Report \_\_\_\_\_☐ Med. History \_\_\_\_\_☐ Investigations \_\_\_\_\_☐ Criminalistics \_\_\_\_\_☐ HISTOPATH CUT: ☐ AUTOPSY ☐ LAB☐ MICROBIOLOGY:☐ NEUROPATHOLOGY

TOXICOLOGICAL SPECIMENS COLLECTED

☒ YES, by CHINWAH☒ BLOOD: ☒ HEART ☐ (OTHER)☒ BILE ☐ BRAIN☐ LIVER ☐ SPLEEN☒ URINE ☐ KIDNEY☐ STOMACH ☐ VITREOUSCONTENTS ☐☐ NO BLOOD☐ EMBALMED☐ > 24 HR. IN HOSPITAL☐ NOT INDICATED☐ OTHER \_\_\_\_\_ (REASON)

TOXICOLOGICAL ANALYSES ORDERED

SCREEN: ☐ C ☒ H ☐ T☐ ALCOHOL ONLY☐ CARBON MONOXIDE☐ OTHER (SPECIFY DRUG AND TISSUE)☐ SUPPLEMENTAL REQUEST (17A)

Typing Blood Taken by \_\_\_\_\_

☐ HEART ☐ OTHER \_\_\_\_\_

PRIOR EXAMINATION REVIEW

☒ BODY TAG ☐ MED. RECORD☒ CLOTHING ☒ AT SCENE PHOTO☒ SPL PROCESSING ☐ X-RAY  
TAG ☐ FLUORO

WHITE - FILE COPY

CANARY - FORENSIC LAB COPY

PINK - INVESTIGATION COPY

GOLDENROD - MEDICAL EXAMINER COPY

DEATH CERTIFICATE ISSUED

☐ FINAL

DATE ISSUED \_\_\_\_\_ ISSUED BY \_\_\_\_\_

☐ PENDING

DATE ISSUED \_\_\_\_\_ ISSUED BY \_\_\_\_\_

Gloria Chinwah  
DEPUTY MEDICAL EXAMINER

COUNTY OF LOS ANGELES

## AUTOPSY CHECK SHEET

DEPARTMENT OF CORONER

**16**

Callert det Collette and informed him of autopsy  
 scheduled at 11:00hr. He states he and his partner  
 will not be able to attend due to their assignment.  
 Officer C. Sanchez  
 0815 11-30-92

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 SANCHEZ, SONIA

## EXTERNAL EXAM

Sex F  
 Race H  
 Age 24  
 Height 61  
 Weight 146  
 Hair Brn  
 Eyes Brn  
 Sclera petechiae  
 Teeth brown  
 Mouth petechiae lower lip mucosae  
 Tongue  $\emptyset$   
 Nose  $\emptyset$   
 Chest  $\emptyset$   
 Breasts  $\emptyset$   
 Abdomen  $\emptyset$   
 Scar  
 Genital  
 Edema  $\emptyset$   
 Skin  
 Decub 250  
 HEART Wt  
 Pericard  
 Hypert  
 Dilat  
 Muscle  
 Valves  
 Coronar

## AORTA

## VESSELS

## LUNGS Wt

R 470  
 L 440  
 Adhes  
 Fluid  $\emptyset$   
 Atelectasis  $\emptyset$   
 Oedema  $\emptyset$   
 Congest +  
 Consol  $\emptyset$   
 Bronchi  $\emptyset$   
 Nodes  $\emptyset$

PHARYNX  $\emptyset$   
 TRACHEA  $\emptyset$   
 THYROID  $\emptyset$   
 THYMUS

## PERITONEUM

Fluid 200  
 Adhes

## LIVER Wt

1800  
 Caps  
 Lobul  
 Fibros  
 G B  
 Calc  
 Bile ducts

## SPLEEN Wt

120  
 Color  
 Consist  
 Caps  
 Malpig

## PANCREAS

## ADRENALS

## KIDNEYS Wt

R L  
 140/140  
 Caps  
 Cortex  
 Vessels  
 Pelvis  
 Ureter

## BLADDER

## GENITALIA

Prost  
 Testes  
 Uterus  
 Tubes  
 Ovar

## OESOPHAGUS

## STOMACH

## DUOD &amp; SM INT

## APPENDIX present

## LARGE INT

## ABDOM NODES

## SKELETON

Spine  $\emptyset$   
 Marrow

## BRAIN Wt 1270

Dura  
 Fluid  
 Ventric  
 Vessels  
 Ears  
 Nasal Sin

## PITUITARY

## TOXICOLOGY

Ble, urine, bile

## SECTIONS

Stomach + neck organ +  
 anorectal/vulvovaginal bloc

## GROSS IMPRESSION

Date  
 11-30-92

Time  
 1050hr

Deputy Medical Examiner

Officer C. Sanchez 11/30/92

Report of Toxicological Analyses  
 Department of Coroner  
 County of Los Angeles

12/14/92

Non-Pending

TO: Joseph L. Cogan, M.D.  
 Senior Deputy Medical Examiner

FROM: Forensic Toxicology Laboratory  
 Forensic Science Laboratories Division

SUBJECT: Coroner's Case Number 92-10906 SANCHEZ, SONIA

In accordance with your request, toxicological analyses have been performed and are now completed on the subject case as tabulated below:

Tissue	Analyses Requested	Drugs Analyzed	Level Found	Assigned Toxicologist	Date Analyzed
Blood	Alcohol	Ethanol	0.09 G%	J. Park	12/09/92
Blood	Methamphetamine	Methamphetamine	ND	L. Mahanay	12/09/92
Blood	Narcotics	Codeine	ND	L. Mahanay	12/09/92
Blood	Narcotics	Morphine	ND	L. Mahanay	12/09/92
Blood	Phencyclidine	Phencyclidine	ND	L. Mahanay	12/09/92
Blood	Cocaine	Benzoyllecgonine	ND	D. Anderson	12/11/92
Blood	Cocaine	Cocaine	ND	D. Anderson	12/11/92

LEGEND:

MG/L = Milligram per Liter  
 UG/ML = Micrograms per Milliliter  
 QNS = Quantity Not Sufficient  
 UG/G = Micrograms per Gram  
 MG/DL = Milligram per Deciliter  
 TNP = Test Not Performed

G% = Gram Percent  
 ND = Not Detected  
 MG = Milligrams

JOSEPH J. MUTO  
 CHIEF FORENSIC TOXICOLOGIST

COUNTY OF LOS ANGELES

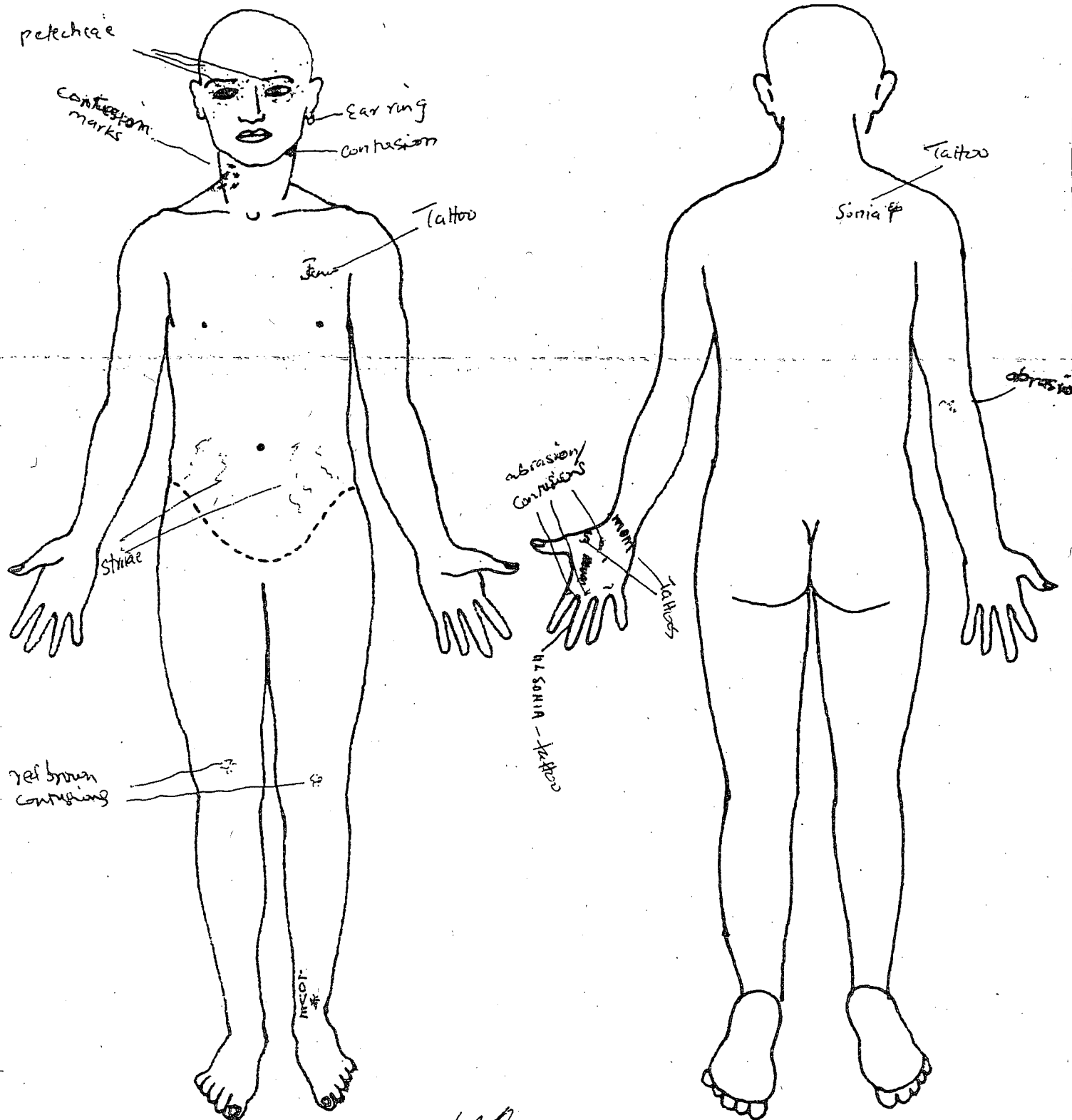
BODY — FULL LENGTH

DEPARTMENT OF CORONER

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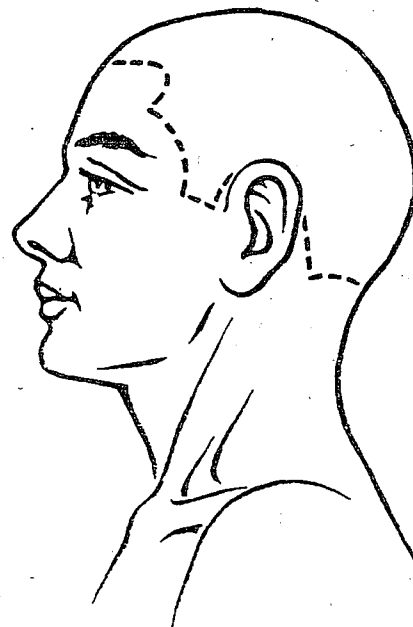
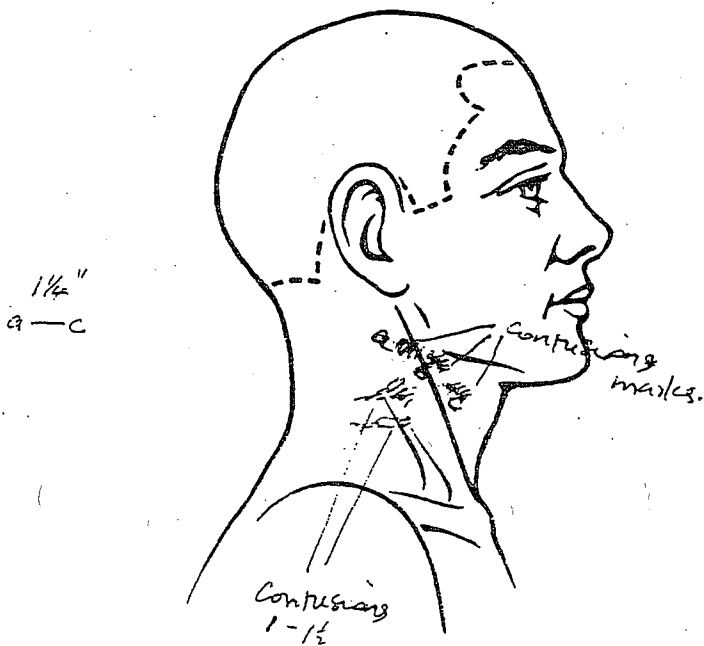
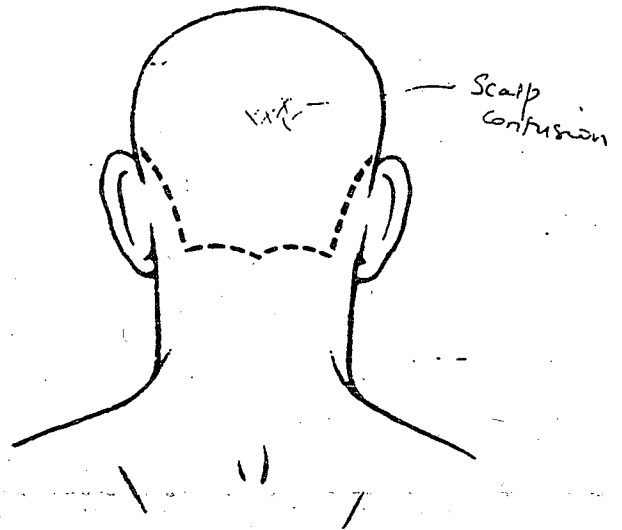
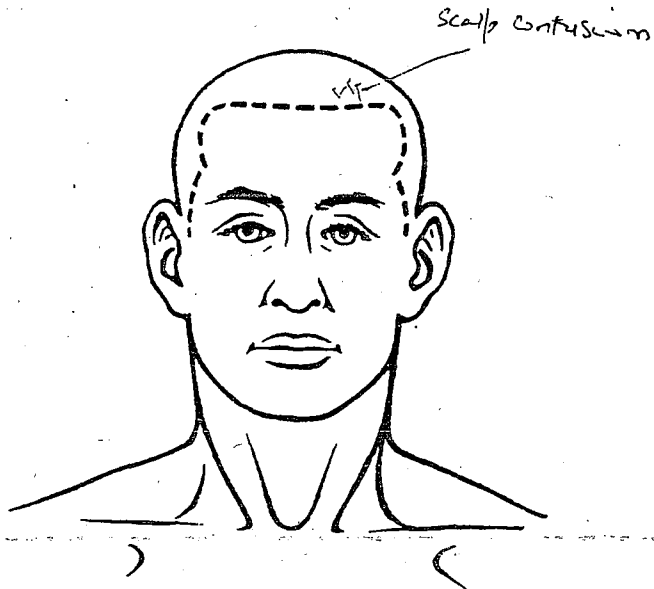
SANCHEZ, SONIA



*Gloria Chirco* M.D., Deputy Medical Examiner  
11-30-92

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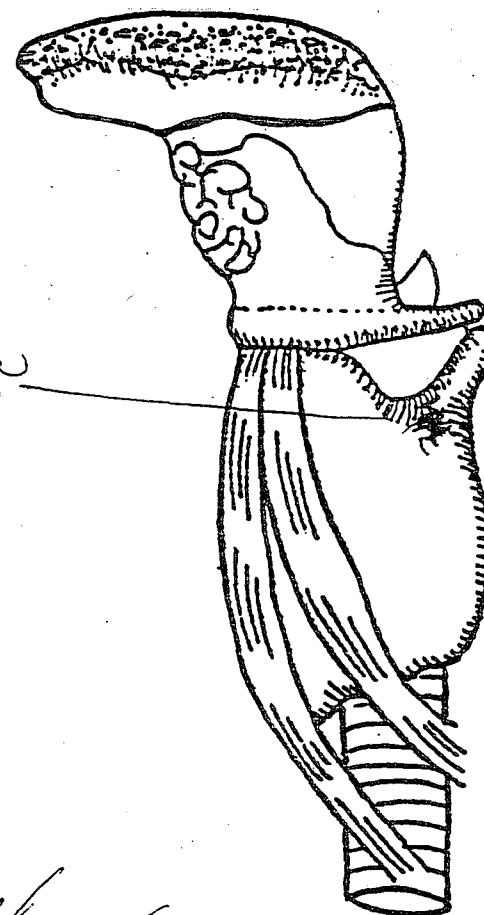
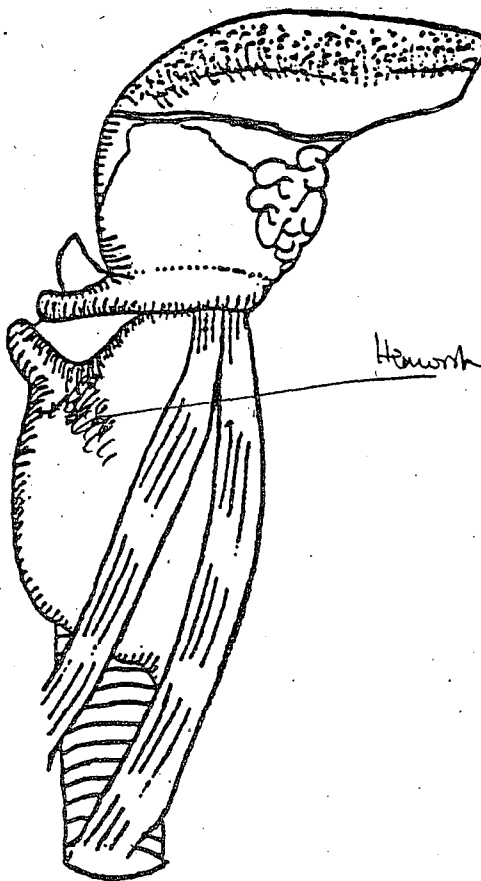
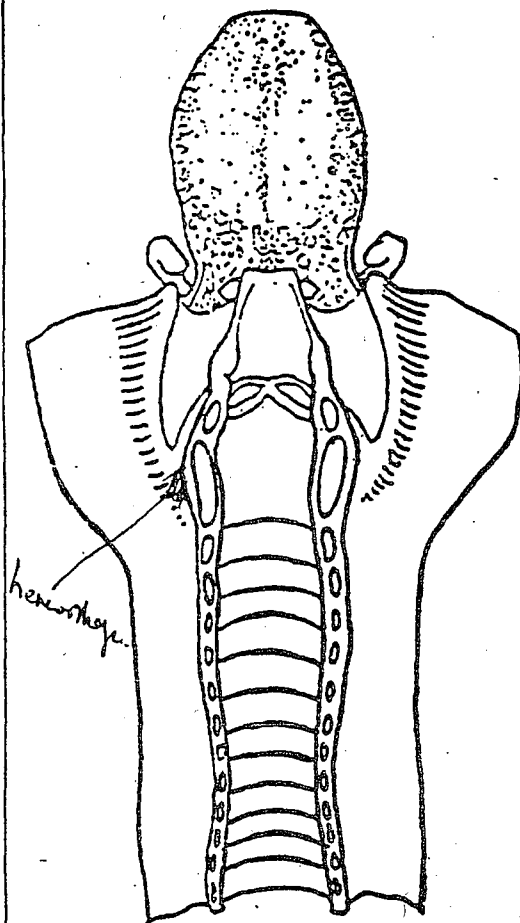
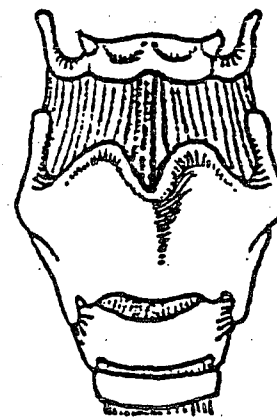
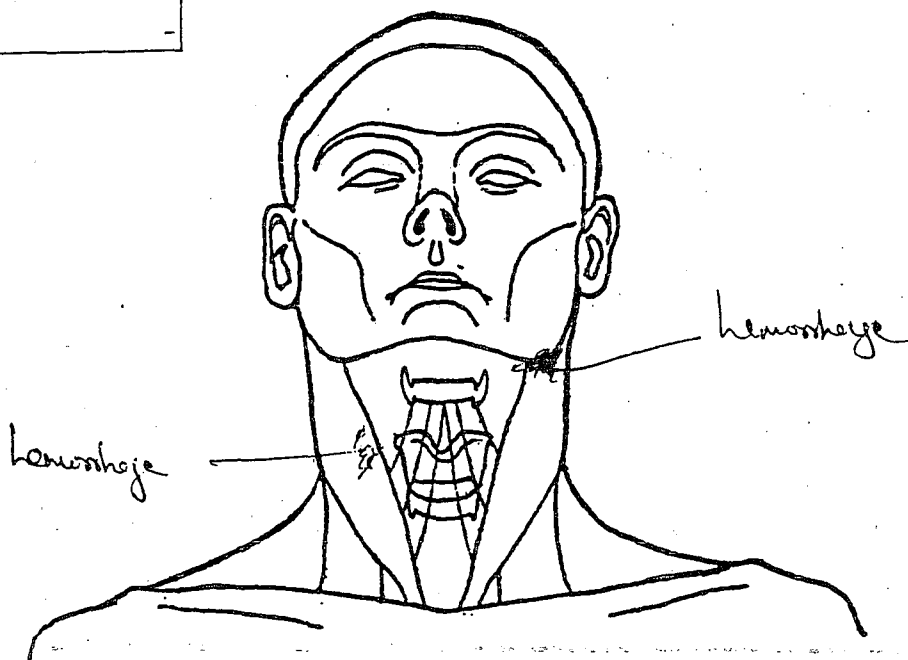


*[Signature]* M.D.  
11-30-92 Deputy Medical Examiner 11/30/92

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SANCHEZ, SONIA



John Church  
4-30-92

RDH



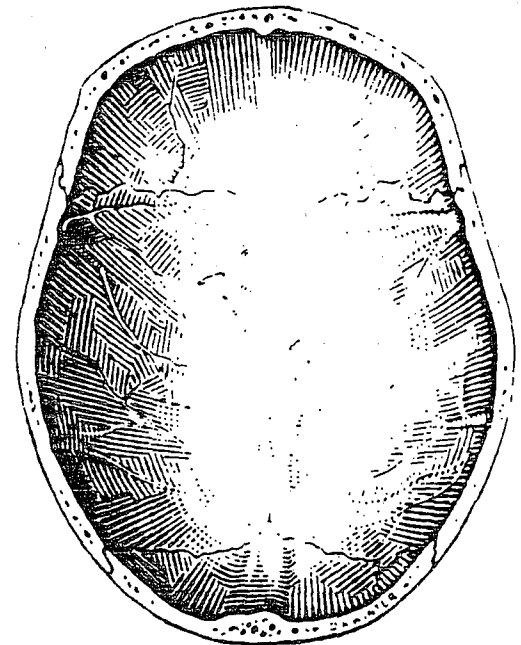
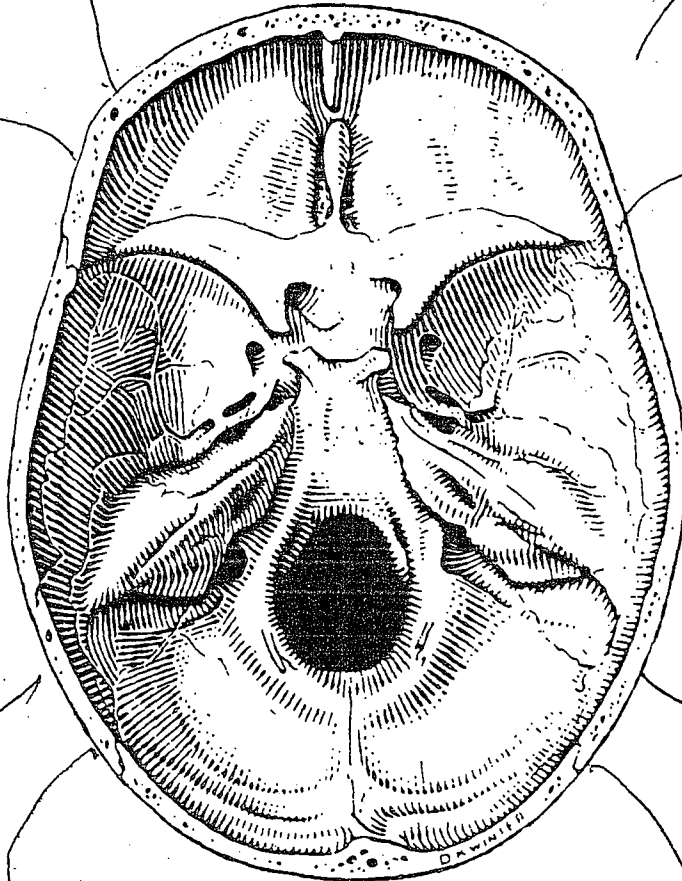
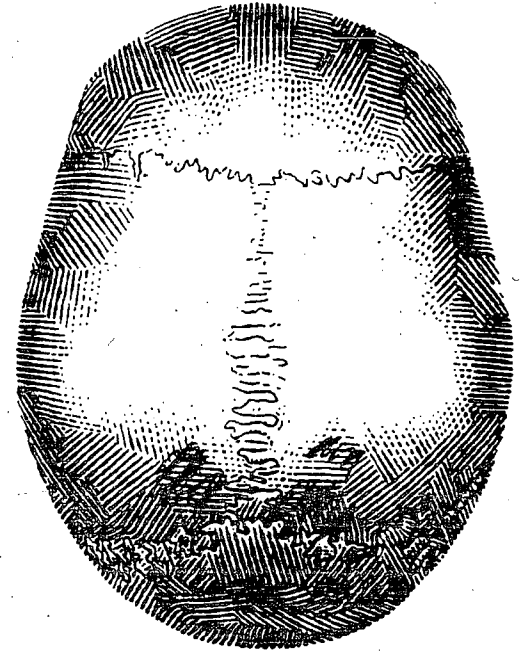
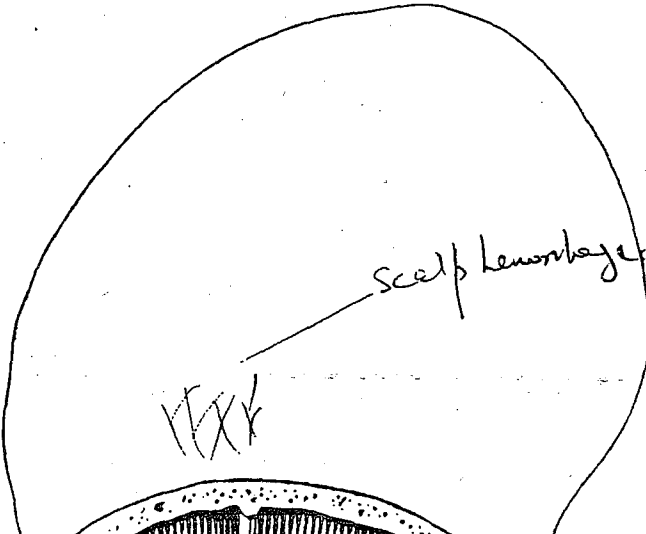
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SANCHEZ, SONIA



Scalp Hemorrhage → XXXX

*Officer [Signature]* M.D.  
4-30-92 Deputy Medical Examiner